



<b>Policy:</b> IC-06 Methods of Surveillance (Policy & Procedure)
<b>Type:</b> Care of Patient (COP) / Infection Prevention and Control
<b>Applicable To:</b> Children's Specialized Hospital
<b>Policy Owner:</b> Director of Infection Prevention and Control
<b>Effective Date:</b> October 2022
<b>Approved by:</b> Infection Prevention and Control Committee

### 1. Policy Statement:

#### **PURPOSE**

The purpose of this policy is to describe the methods of surveillance conducted at Children's Specialized Hospital and to describe the rationale for the infection surveillance plan. The goal of surveillance is to identify infection problems in order to reduce the risk of infection transmission and to improve patient care.

#### **DEPARTMENT(S) AFFECTED**

All

#### **DEFINITIONS**

Healthcare-associated Infection – An infection is defined as healthcare-associated if there is no evidence that the infection was present or incubating at the time of hospital admission.

#### **POLICY**

Children's Specialized Hospital will use current Centers for Disease Control and Prevention (CDC)/National Healthcare Safety Network (NHSN) definitions as criteria for determining healthcare-associated infections.

- Surveillance and performance improvement activities will be determined by an annual assessment of surveillance findings.
- Surveillance indicators will include monitors required by federal and state regulation.
- Surveillance data will be reported in such a fashion that data can be compared to internal and, where appropriate, external benchmarks.

#### **PROCEDURE**

- The Infection Preventionist or designee will collect surveillance data. Data collection methods include, but may not be limited to, review of the following:
  - Results of laboratory tests and diagnostic examinations
  - Medical records
  - Direct observation of the patient
- Wherever possible, surveillance data will be expressed as rates per 1,000 patient days or device days (if infection is device-related): the numerator will indicate the number of infections, and the denominator will indicate the patient days (or device days) for the defined population at risk.

Example: Ventilator Associated Pneumonia (VAP) Rate =  $\frac{\text{Numerator: \# of infections}}{\text{Denominator: \# ventilator days}} \times 1,000$

- At the first committee meeting of the year, the Infection Prevention and Control Committee will approve prioritized goals and monitors for the year as determined by review of historical surveillance reports. Surveillance monitors will include:

- Monitoring of healthcare-associated infections to detect prevalence and infection trends
  - Focused monitoring of high risk or high volume healthcare associated infections  
Ex: Central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), ventilator-associated pneumonias (VAP)
  - Monitoring of epidemiologically significant organisms to determine the effectiveness of control measures and facilitate identification of outbreaks:  
Ex: Respiratory Syncytial Virus (RSV), Multiple Drug Resistant Organisms (MDRO's)
  - Monitoring of infection prevention processes:  
Ex: hand hygiene, immunizations, sharps safety
- Antimicrobial susceptibility and trends will be monitored through Pharmacy reports of antibiotic usage and appropriate antibiograms.
  - The Employee Health Nurse will report employee infection trends, immunizations and exposures to infectious diseases and bloodborne pathogens to the Infection Prevention and Control Committee.
  - When outbreaks of infection in patients or staff are suspected or confirmed from any Children's Specialized Hospital department or site, outbreak protocol will be used.
    1. Confirmation that an outbreak exists
    2. Consideration and institution of appropriate control measures.
    3. Establishment of a case definition; identification of the causative agent
    4. Identification of additional cases
    5. Characterization of the cases by person, place and time
    6. Formulation of a tentative hypothesis to explain observed cases
    7. Evaluation of the efficacy of control measures
    8. Report of findings to the Infection Prevention and Control Committee and Senior Leadership.

The New Jersey Health Department and/or the local health department are contacted when a reportable disease is diagnosed or a suspected or confirmed outbreak occurs as per RWJBH Communicable Disease Notification Policy and Procedure.

## 2. Acronyms:

<b>VAP</b>	<b>ventilator-associated pneumonias</b>
<b>MDRO</b>	<b>Multidrug Resistant Organisms</b>
<b>CDC</b>	<b>Centers for Disease Control</b> <a href="https://www.cdc.gov/">https://www.cdc.gov/</a>
<b>CAUTI</b>	<b>catheter-associated urinary tract infection</b> <a href="https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html">https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html</a>
<b>NHSN</b>	<b>National Healthcare Safety Network</b>
<b>RSV</b>	<b>Respiratory Syncytial Virus</b>
<b>CLABSI</b>	<b>central line-associated bloodstream infection</b> <a href="https://www.cdc.gov/hai/bsi/bsi.html">https://www.cdc.gov/hai/bsi/bsi.html</a>

## 3. Related Documents:

Document Type	Document Name
<b>Associated Procedures:</b>	IC - Reporting of Communicable Diseases and Infections to External Agencies (Policy & Procedure)
<b>Resources:</b>	



<b>Job Aids:</b>	<ul style="list-style-type: none"><li>• Attachment A: Outbreak Protocol Gastrointestinal Illness</li><li>• Attachment B: Outbreak Protocol Acute Respiratory Illness</li></ul>
<b>Regulatory references:</b>	
<b>Reviewed and Approved Date:</b>	October 2022